



UNITED STATES BANKRUPTCY COURT DISTRICT OF IDAHO (TWIN FALLS)		PROOF OF CLAIM
Name of Debtor Dayle A Dawson Eva H Dawson	Case Number 00-41381	 00-41381  1469541 THIS SPACE IS FOR COURT USE ONLY
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): Beverley Harshbarger AND/OR ELMER T. HARSHBARGER Name and Address where notices should be sent: Beverley Harshbarger AND/OR ELMER T. HARSHBARGER 509 Dee Dr. Jerome ID 83338	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Telephone Number: (208) 324-5722		
Account or other number by which creditor identifies debtor:		<input type="checkbox"/> Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____.
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: JUNE 17, 1998		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ 3,875.00 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		6. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$ 1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY 11th CIRCUIT 2003 SEP 15 14 15:27 U.S. DISTRICT COURT TWIN FALLS, IDAHO
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date Sept 5, 2000	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Beverly U. Harshbarger Elmer T. Harshbarger BEVERLY U. HARSHBARGER ELMER T. HARSHBARGER	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

UNITED STATES BANKRUPTCY COURT

District of Idaho (Twin Falls)

Notice of Chapter 13 Bankruptcy Case, Meeting of Creditors, & Deadlines

The debtor(s) listed below filed a chapter 13 bankruptcy case on 8/18/00.

You may be a creditor of the debtor. **This notice lists important deadlines.** You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the bankruptcy clerk's office cannot give legal advice.

See Reverse Side For Important Explanations.**Debtor(s) (name(s) and address):**

Dayle A Dawson
182 E 420 S
Jerome, ID 83338

Eva H Dawson
Eva's Yard Care
182 E 420 S
Jerome, ID 83338-
USA

Case Number:
00-41381

Social Security/Taxpayer ID Nos.:
480-28-8076
518-56-7776

Attorney for Debtor(s) (name and address):

William H Mulberry
POB 186
Ririe, ID 83443

Telephone number: (208) 538-7760

Bankruptcy Trustee (name and address):

L D Fitzgerald
POB 6199
Pocatello, ID 83205-6199

Telephone number: (208) 233-0500

Meeting of Creditors:

Date: 10/23/00 Time: 1:30 pm

Location: Jerome County Courthouse, 300 N Lincoln 2nd Fl, Jerome, ID 83338

Deadlines:Papers must be *received* by the bankruptcy clerk's office by the following deadlines:**Deadline to File a Proof of Claim:**

For all creditors (except a governmental unit): 01/21/01

For a governmental unit: 02/18/01

Deadline to Object to Exemptions:Thirty (30) days after the *conclusion* of the meeting of creditors.**Filing of Plan, Hearing on Confirmation of Plan**

The debtor has filed a plan. The plan or a summary of the plan is enclosed. The hearing on confirmation will be held:

Date: November 20, 2000 Time: 10:00 am

Location: 253 3rd Ave N, Twin Falls, ID 83303

Creditors May Not Take Certain Actions:

The filing of the bankruptcy case automatically stays certain collection and other actions against the debtor, debtor's property, and certain codebtors. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized.

Address of the Bankruptcy Clerk's Office:

US Bankruptcy Court
Computerized Case Info(208)334-9386
550 W Fort MSC 042
Boise, ID 83724

Telephone number: Computerized Case information: (208)
334-9386/Web Site: www.id.uscourts.gov

Hours Open:
8:00 a.m. to 5:00 p.m.

For the Court:

Clerk of the Bankruptcy Court:
Cameron Burke

Date:
08/22/00

SIMPLE PROMISSORY NOTE

I, Eva Dawson, promise to pay Beverly U. and/or Elmer T. Harshbarger the sum of \$5,000.00 (five thousand) with 20% interest by June 30th, 1999. This making a total of \$6000.00 (Six thousand).

Eva Dawson
Eva Dawson

June 17th, 1998
Dated June 17th, 1998

CURRENT, INC. • TO REORDER 1-800-224-2244 • KIMOREHEAD, INC.

ELMER T. HARSHBARGER
BEVERLY U. HARSHBARGER
509 DEE DR PH 208-324-5722
JEROME, ID 83338

92-372 397
1231

1741

June 17, 1998 Date

Pay To
The Order Of Eva Dawson \$ 5000.00
Five thousand and no/100 Dollars

U.S. BANK OF IDAHO
JEROME BRANCH
300 S. LINCOLN
JEROME, IDAHO 83338

For Loan Beverly U. Harshbarger

⑆ 123103729⑆ 397 1802 94⑆ 1741 ⑆0000500000⑆

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